

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	SGT - S		
2.	[REDACTED]		
3.			
4.			
5.			

Action	<input checked="" type="checkbox"/> File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

SOFOIA3

Do NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions



- 2B	Room No.—Bldg. DIAC F2-800
	Phone No. 373-8388